



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

October 19, 2009

Trista Wolfe, Administrator
Trail Creek Manor
2087 South Tollgate Way
Boise, Idaho 83709

License #: RC-937

Dear Ms. Wolfe:

On September 1, 2009, a follow-up survey was conducted at Trail Creek Manor-Trista Wolfe Assisted Living Homes, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Karen Anderson, RN
for

POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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September 10, 2009

Trista Wolfe, Administrator
Trail Creek Manor
2087 South Tollgate Way
Boise, Idaho 83709

Dear Ms. Wolfe:

On September 1, 2009, a follow-up visit to the complaint investigation survey of May 7, 2009, was conducted at Trail Creek Manor-Trista Wolfe Assisted Living Homes, Inc. The core issue deficiencies issued as a result of the May 7, 2009, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 1, 2009.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Jamie Simpson for". The signature is written in a cursive, flowing style.

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING


Non-Core Issues

Punch List

NON-CORE ISSUES

Response Required Date

Signature of Facility Representative:

Signature of Facility Representative, 

Date Signed _____

9/1/09